

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045200

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 3-8

Primary Registration District No. 5-212

Registrar's No. 20

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Carter

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Van Buren (Rural)Length of stay in lb
13 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION own homeInside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Carter

Inside Limits
Yes ☐ No ☒c. CITY
OR TOWN Van Burend. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Uncas Stue Deaton

4. DATE
OF DEATH

Month

Day

Year

Dec 10 1962

5. SEX

M

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

3-6-96

9. AGE (last birthday)

66

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lumber Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Hendricks Mo.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

John Deaton

13b. MOTHER'S MAIDEN NAME

Frances Bounds

14. NAME OF HUSBAND OR WIFE

Grace Deaton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

Jessie Deaton, Doniphan, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death on arrival and last saw her alive on 7:35 P
Death occurred at 7:35 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coleman McPherson Coroner

22b. ADDRESS

Van Buren Mo

22c. DATE SIGNED

12/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Dec 13 1962

23c. NAME OF CEMETERY OR CREMATORY

Van Buren

23d. LOCATION (City, town, or county)

Van Buren

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Seaton Pruitt Van Buren Mo

25. DATE RECD. BY LOCAL REG.

Dec. 12-62

26. REGISTRAR'S SIGNATURE

Mrs Oeta Henson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

10180

20180

3

4 0

5 2

6

7 0

8 0

9 4201

10

11

12 70-3

13 1-0

DEC 21 1962

DEC 26 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Allen C. McGovern

Licensed Embalmer No.

4543

P. O. Address

Van Buren, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.